

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001496

FILED  
Sep 27, 2012  
Secretary of State

**Entity Name:** CHANGE YOUR LIFE FROM OPIATES ADDICTION, INC.

**Current Principal Place of Business:**

8728 NAUTICAL VIEW CT  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8728 NAUTICAL VIEW CT  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 30-0569578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLINDRES, JOSE R  
8728 NAUTICAL VIEW CT.  
TAMPA, FL 33615 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLINDRES, JOSE R  
Address: 8728 NAUTICAL VIEW CT.  
City-St-Zip: TAMPA, FL 33615

Title: T  
Name: FRANKS, BECKY  
Address: 8728 NAUTICAL VIEW CT.  
City-St-Zip: TAMPA, FL 33615

Title: S  
Name: COLINDRES, JOSE A  
Address: 8728 NAUTICAL VIEW CT.  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE ROBERTO COLINDRES

P

09/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date